

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 78

Registered No. _____

1. PLACE OF BIRTH

County Dea State _____

District or Township _____ or Village _____

City Miami No. Showers Mining Claim Ward _____

2. Full name of child Charles Arthur Hull (If child is not yet named, make supplemental report, as directed)

Sex of child Male To be answered ONLY in event of plural births. 3. Twin, triplet or other _____ 4. Legitimate? Yes 5. Date of birth June 2 1933

6. Full name of FATHER Edward Hull 14. Full name of MOTHER Bertie Brannan

7. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami

10. Color or race White 11. Age at last birthday 25 (Years) 16. Color or race White 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) El Paso (State or country) Texas 18. Birthplace (city or place) Safford (State or country) Arizona

13. Occupation Unemployed 19. Occupation Housewife

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmic neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date _____

Signature Melvin B. Brannan (Physician or midwife)

Given name added from a supplemental report _____ Address _____ Month, day, year 383-602-129 Registrar June 2 1933 Registrar Ken W. Blythe

THIS CERTIFICATE MUST BE FILED IN THE OFFICE OF THE REGISTRAR OF BIRTHS, DEPARTMENT OF HEALTH, STATE OF ARIZONA, AT THE TIME OF BIRTH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.